


File # 1A00536

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Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		 Notification of Regulated Waste Activity United States Environmental Protection Agency		Date Received (For Official Use Only) APR 10 1998	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number IAR0000005918	
II. Name of Installation (Include company and specific site name) CENTRO INC					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street 950 NORTH BEND DRIVE					
Street (Continued)					
City or Town NORTH LIBERTY					
State IA		Zip Code 52317-			
County Code 52		County Name JOHNSON			
IV. Installation Mailing Address (See Instructions)					
Street or P.O. Box 950 NORTH BEND DRIVE					
City or Town NORTH LIBERTY					
State IA		Zip Code 52317-			
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last) ROZEK			(First) GARY		
Job Title PRESIDENT			Phone Number (Area Code and Number) 319-626-5517		
VI. Installation Contact Address (See Instructions)					
A. Contract Address Location Mailing Other <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B. Street or P.O. Box			
City or Town -					
State -		Zip Code -			
VII. Ownership (See Instructions)					
A. Name of Installation's Legal Owner GARY ROZEK / RICHARD L ROZEK					
Street, P.O. Box, or Route Number 3460 COTTAGE GROVE AVE SE					
City or Town CEDAR RAPIDS					
State IA		Zip Code 52403-			
Phone Number (Area Code and Number) 319-365-8834		B. Land Type P		C. Owner Type P	
D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>		(Date Changed) Month Day Year			

R00082356
RCRA Records CenterRCRIS data entered
by RCRA NowCC
on 4/13/98

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GSA No. 0246-EPA-OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F002

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
<i>Gary R. Rozek</i>	GARY R. ROZEK PRESIDENT	4/7/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

APR 10 1998

RCRA PERMITTING & COMPLIANCE

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

IAR000005918

II. Name of Installation (Include company and specific site name)

CENTRO INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

950 NORTH BEND DRIVE

Street (Continued)

NORTH LIBERTY

City or Town

State

Zip Code

NORTH LIBERTY

IA 52317-

County Code

County Name

52 JOHNSON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

950 NORTH BEND DRIVE

City or Town

State

Zip Code

NORTH LIBERTY

IA 52317-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

ROZEK

GARY

Job Title

Phone Number (Area Code and Number)

PRESIDENT

319-626-5517

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box



City or Town

State

Zip Code

-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

GARY ROZEK / RICHARD L ROZEK

Street, P.O. Box, or Route Number

3460 COTTAGE GROVE AVE SE

City or Town

State

Zip Code

CEDAR RAPIDS

IA 52403-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

319-365-8834

P

P

Yes

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
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- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Refinery
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

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- F002

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Gary R. Rozek

GARY R. ROZEK PRESIDENT

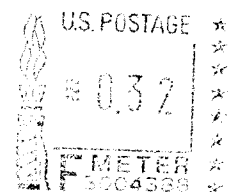
4/7/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Centro
INCORPORATED
CUSTOM ROTATIONAL MOLDERS
950 North Bend Drive
North Liberty, IA 52317

Resp



*Perce Cox
U.S. EPA
Region 7
ARTD/RESP
726 Minnesota Ave
Kansas City, Mo. 66101*